

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2015
NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments This report is of a Followup Survey done by Bob Getchell on April 8, 2015. The followup revealed that all deficienciencies were not corrected, therefore a new plan of correction is required.	{C 000}		
{C 166}	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation some toilets were loosely mounted to the floor. Findings include: a. Loose toilet in bath off room 109, b. Loose toilet in bath off room 212, c. Loose toilet in bath off room 210, d. Loose toilet in bath off room 204, 4. Based on observation, three ceiling radiation dampers in air duct in the 100 Hall Day room were activated and closed. 4-8-15 Followup Findings: New dampers have been received, but not installed yet.	{C 166}		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2015
NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	Continued From page 1	{C 189}		
{C 189}	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.</p> <p>Findings include:</p> <p>g. Unsealed penetrations in attic smoke barrier wall above the cross-corridor doors at room 201,</p> <p>j. Holes and openings in smoke barrier wall above 100 Hall,</p> <p>k. The gypsum compound and tape were falling off the smoke barrier wall above 100 Hall,</p> <p>l. Unsealed penetrations at wires, conduits and sprinkler pipe in attic fire wall above Day room on 100 Hall,</p> <p>m. Unsealed penetrations at plastic pipes in laundry ceiling,</p> <p>n. The listed ceiling radiation dampers in the HVAC duct penetrations in the following locations were tied open with wires or plastic zip ties. Dampers that are held open with means other than a manufacturer's approved fuse link will not</p>	{C 189}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2015
NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 189}	Continued From page 2 close properly in the event of a fire. i. Clean linen room, ii. Bathroom adjacent to the clean linen room, iii. Nurse station on 100 hall, iv. Fire sprinkler valve room on 100 Hall. 4-8-15 Followup Findings: New dampers have been received, but not installed yet. 3. Based on observation, the battery powered combination exit emergency light at the end of 300 Hall would not work when tested. 5. Based on observation, there was no access door provided to allow inspection and cleaning of the sampling tubes for the duct mounted smoke detector in the attic above room 109. 4-8-15 Followup Findings: New access doors have been received, but not installed yet.	{C 189}		
{C 199}	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and	{C 199}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 04/08/2015
NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 199}	Continued From page 3 (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation the facility failed to maintain required exhaust in a working condition. Findings include; a. The exhaust system was not working in the Men's and Ladies bathrooms near the lobby. b. The exhaust fan was not working in the bath off room 202. 2. Based on observation the facility failed to maintain required exhaust in a proper working condition. Findings include; Several exhaust fans on the 100 Hall had loose or missing exhaust ducts and were venting to the attic rather than to the outside as required.	{C 199}		
{C 141}	Outside Entrances-Ramps C. The Building 3. Arrangement and size of rooms. Each home shall provide: m. Outside entrances (3) For height of risers and width of treads see North Carolina Building Code. (4) Ramps (See North Carolina State Building Code Requirements for Nursing Homes and Boarding Homes). Slope not to exceed one inch in twelve inches and be in compliance with Section (11-x) 5.1 of North Carolina Building Code. Handrails on both sides 32 " high.	{C 141}		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL080003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 04/08/2015
NAME OF PROVIDER OR SUPPLIER KANNON CREEK ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1808 N CANNON BOULEVARD KANNAPOLIS, NC 28083		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{C 141}	Continued From page 4 This Rule is not met as evidenced by: Based on observation, there was no handrail provided on either side of the last 8 feet of the exit ramp from 200 and 300 Halls. 4-8-15 Followup Findings: New handrail was fabricated and has been received, but not installed yet.	{C 141}			